Type or print in ink. Amounts may be rounded to whole dollars.

ATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	PENDENT EX	PENDITURE	REPORT
NAME OF FILER Alliance for a Better California organizations	, educators, firefighters, scho	ool employees, health	n care givers and	l labor	Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUMBER (916)443-7817		I.D. NUME 1273998	BER (if applicable	e)	Report	NoLIE-745	D 1 C11	For	Official Use	Only
STREET ADDRESS					to Repo	ndment ort No	Page 1 of 11			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be					
1. List Only One Cand	didate or Ballot Mea	asure		·				·		
NAME OF CANDIDATE SU	PPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR HELI	D/DISTRICT NO.		SUPPORT	OPPOSE	_	BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exper	nditures Made A	ttach additional info	rmation on appr	opriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$12.50		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

								FLINDLINI LA	LINDITORE	- INLI OINI
NAME OF FILER Alliance for a Better Californizations	ornia, educators, firefighters, school	employees, healt	h care givers and	l labor	Date of This Fil		Date Stamp	CALIFO	RNIA Z	196
AREA CODE/PHONE NUM (916)443-7817	BER	I.D. NUM 1273998	BER (if applicable	e)	Report	NoLIE-745	D 0 611	For	Official Use	Only
STREET ADDRESS					to Repo	ndment ort No	Page 2 of 11			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be					
1. List Only One C	andidate or Ballot Measu	ure				<u> </u>		•		
NAME OF CANDIDATI	E SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attac	ch additional info	rmation on appr	opriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
10/19/2005	Office Expenses							\$25.00		
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$12.50		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	FLINDLINI LA	LINDITORI	- KLIOKI
NAME OF FILER Alliance for a Better Califorganizations	ornia, educators, firefighters, school	employees, healt	h care givers and	l labor	Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUM (916)443-7817	BER	I.D. NUM 1273998	BER (if applicable	e)	Report	No. LIE-745	D. 2 C11	For	Official Use	Only
STREET ADDRESS		1			to Repo		Page 3 of 11			
CITY Sacramento		STATE CA	ZIP CODE 95814		No. of F	Pages1				
1. List Only One C	andidate or Ballot Meas	ure						·		
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED						JRE SUPPORTED OR OPPOSED e Constitutional Amendment.			
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attac	ch additional info	ormation on appi	ropriately labe	eled continu	uation sheets.	,			'
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$12.50		
10/19/2005	Office Expenses							\$75.00		
10/19/2005	Office Expenses							\$6.25		
10/19/2005	Office Expenses							\$218.13		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better California, educators, firefighters, school employees, hea organizations AREA CODE/PHONE NUMBER (916)443-7817 STREET ADDRESS CITY STATE CA 1. List Only One Candidate or Ballot Measure		IBER (if applicable		Date of This Fill Report America Report (explain below) No. of P	No. LIE-745 ndment rt No	Date Stamp Page 4 of 11	CALIFO FOR		.96 Only	
_	Candidate or Ballot Measu	re				NAME OF BALLOT MEASUR Reapportionment. Initiative C	RE SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attach	additional info	ormation on appi	ropriately labe	eled continu	ation sheets.	-			
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/19/2005	Food for Volunteers							\$17.02		
10/19/2005	Office Expenses							\$7.55		
10/19/2005	Office Space							\$37.50		
10/19/2005	Office Expenses							\$0.75		
10/19/2005	Office Expenses							\$13.13		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

(916)443-7817 STREET ADDRESS CITY S		I.D. NUMBER (if applicable) 1273998 STATE ZIP CODE		Date of This Fil Report Ame to Report (explain be	NoLIE-745 ndment ort No	Date Stamp Page 5 of 11	CALIFORNIA FORM For Official Use		196	
		CA	95814		No. of F	Pages11				
1. List Only One C	andidate or Ballot Measure									
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attach a	dditional info	rmation on app	ropriately labe	eled continu	nation sheets.	·			
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/19/2005	Office Expenses							\$19.13		
10/19/2005	Booth Rental							\$2.50		
10/19/2005	Food for Volunteers							\$24.97		
10/19/2005	Food for Volunteers							\$3.28		
10/19/2005	Food for Volunteers							\$89.03		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Alliance for a Better Califorganizations	lliance for a Better California, educators, firefighters, school employees, health care givers and labor			l labor	Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUM (916)443-7817	1BER	I.D. NUME 1273998	BER (if applicable	e)	Report	NoLIE-745	Page 6 of 11		Official Use	Only
STREET ADDRESS					to Repo	endment ort No	rage o of Tr			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	Pages1				
1. List Only One C	andidate or Ballot Measur	е								
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUF Reapportionment. Initiative C	RE SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attach	additional info	mation on app	opriately lab	eled continu	uation sheets.	·			
DATE			DE	SCRIPTION C	OF EXPEND	ITURE			AMOUNT	
10/19/2005	Food for Volunteers							\$1.46		
10/19/2005	Food for Volunteers							\$1.46		
10/19/2005	Office Expenses							\$2.99		
10/19/2005	Office Expenses							\$14.74		
10/19/2005	Staff Expenses							\$1.46		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	LINDLINI LX	LINDITORL	- INLI OINI
NAME OF FILER Alliance for a Better Californizations	ornia, educators, firefighters, school	employees, healt	n care givers and	l labor	Date of This Fil		Date Stamp	CALIFO	RNIA Z	196
AREA CODE/PHONE NUM (916)443-7817	BER	I.D. NUMI 1273998	BER (if applicable	e)	Report	NoLIE-745	D 7 611	For	Official Use	Only
STREET ADDRESS					to Repo	ndment ort No	Page 7 of 11			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be					
1. List Only One C	andidate or Ballot Measu	ıre						•		
NAME OF CANDIDAT	E SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative O	RE SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR	HELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Ex	penditures Made Attac	h additional info	rmation on appr	opriately labe	eled continu	uation sheets.	'			
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
10/19/2005	Office Expenses							\$10.21		
10/19/2005	Staff Expenses							\$0.83		
10/19/2005	Staff Expenses							\$7.50		
10/19/2005	Staff Expenses							\$1.52		
10/19/2005	Office Expenses							\$0.08		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

							LATE INDE	FLINDLINI LA	LINDITOR	- 1121 0111
NAME OF FILER Alliance for a Better Californorganizations	nia, educators, firefighters, school	employees, heal	th care givers and	l labor	Date of This Fil	ing10/19/2005	Date Stamp	CALIFORNIA 49		
AREA CODE/PHONE NUMBER (916)443-7817	ER	I.D. NUM 1273998	BER (if applicable	e)	Report	No. LIE-745	D 0.044	For	Official Use	Only
STREET ADDRESS					to Repo	ndment ort No	Page 8 of 11			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	•				
1. List Only One Ca	ndidate or Ballot Meas	ure		•				•		
NAME OF CANDIDATE	SUPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative O	RE SUPPORTED OR OPPOSED Constitutional Amendment.	1		
OFFICE SOUGHT OR HI	ELD/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Exp	enditures Made Atta	ch additional info	ormation on appr	opriately labe	eled continu	ation sheets.				
DATE			DE	SCRIPTION C	F EXPENDI	TURE			AMOUNT	
10/19/2005	Staff Expenses							\$6.59		
10/19/2005	Staff Expenses							\$0.49		
10/19/2005	Staff Expenses							\$8.30		
10/19/2005	Office Expenses							\$2.61		
10/19/2005	Office Expenses							\$15.46		

Type or print in ink. Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

AREA CODE/PHONE NUMB (916)443-7817 STREET ADDRESS CITY Sacramento	rnia, educators, firefighters, school er		a care givers and BER (if applicable ZIP CODE 95814		Date of This Fill Report Ame to Report (explain below)	No		Date Stamp Page 9 of 11	CALIFO FOR For	RNIA	196
_	supported or Opposed	e	SUPPORT	OPPOSE		NAME OF BALLOT M Reapportionment. Init BALLOT NO./LETTER	tiative Const	JPPORTED OR OPPOS itutional Amendment. JURISDICTION	ED	SUPPORT	OPPOSE
2. Independent Exp	enditures Made Attach	additional info	rmation on appr	opriately labe	eled continu	77 nation sheets.		Statewide			X
DATE			DE	SCRIPTION O	F EXPENDI	TURE				AMOUNT	
10/19/2005	Office Expenses								\$3.01		
10/19/2005	Office Expenses								\$12.14		
10/18/2005	Food for Volunteers								\$6.25		
10/18/2005	Food for Volunteers								\$1.70		
09/27/2005	Food for Volunteers								\$62.30		

Type or print in ink. Amounts may be rounded to whole dollars.

				-			LATE INDEP	PENDENT EX	PENDITUR	E REPORT
NAME OF FILER Alliance for a Better Californi organizations	a, educators, firefighters, school emp	oloyees, healt	h care givers and	labor	Date of This Fil		Date Stamp	CALIFO		196
AREA CODE/PHONE NUMBER (916)443-7817	र	I.D. NUME 1273998	BER (if applicable)	Report	No. LIE-745	D 10 611		Official Use	Only
STREET ADDRESS					to Repo	ndment ort No	Page 10 of 11			
CITY Sacramento		STATE CA	ZIP CODE 95814		(explain be	low)				
1. List Only One Can	didate or Ballot Measure									
NAME OF CANDIDATE S	UPPORTED OR OPPOSED					NAME OF BALLOT MEASUR Reapportionment. Initiative C	E SUPPORTED OR OPPOSED Constitutional Amendment.			
OFFICE SOUGHT OR HEI	_D/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO./LETTER 77	JURISDICTION Statewide		SUPPORT	OPPOSE X
2. Independent Expe	nditures Made Attach a	dditional info	rmation on appr	opriately labe	eled continu	uation sheets.				
DATE			DE	SCRIPTION C	F EXPEND	ITURE			AMOUNT	
10/01/2005 - 10/22/2005	Support Services							\$50.35		
10/18/2005	Campaign Materials							\$78.99		
10/19/2005	Food for Volunteers							\$26.23		

CALIFORNIA 496

NAME OF FILER
Alliance for a Better California, educators, firefighters, school employees, health care givers and labor organizations

I.D. NUMBER (If applicable) 1273998

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/18/2005	Andrews & Thornton Santa Ana, CA 92701	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$250.00	If loan, enter interest rate, if any
10/18/2005	CA Faculty Association Political Issues Committee Sacramento, CA 95814 ID: 881029	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$68.00	If loan, enter interest rate, if any
10/1/2005	CA Teachers Association Issues PAC Burlingame, CA 94010	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$2,013.74	If loan, enter interest rate, if any
10/18/2005	ID: 880873 CA Teachers Association Issues PAC Burlingame, CA 94010 ID: 880873	□ IND ■ COM □ OTH □ PTY □ SCC		\$3,159.44	If loan, enter interest rate, if any
10/18/2005	IAFF Local 1401 Committee for a Safe Santa Rosa Sacramento, CA 95814 ID: 1228510	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$1,500.00	If loan, enter interest rate, if any
9/27/2005	Working Assets Funding Service, Inc. San Francisco, CA 94105	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$2,492.38	If loan, enter interest rate, if any

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 496 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772